EXHIBIT C

FORM B10 (Official Form 10) (10/05)

Onio ora	iai ronn 10) (10/05)					
UNITED STATES	BANKRUPTCY COURT	Dis	TRICT	OF Nevada		PROOF OF CLAIM
Name of Debtor	JSA Commercial Mortgage Company	Case	Number	06-10725-LBR		
	hould not be used to make a claim for an administrative expense material for payment of an administrative expense materials.					
Name of Creditor (*dubtor owes, money Michael	The person or other entity to whom the or property) el John Goodwin	else you	has file ir claim ing partic		elating to tement	
Name and address Michael Goodw 555 Yellow Pine Reno, NV 8951	RD	not cas	ices from e. eck box i	If you have never re the bankruptcy co f the address differs the envelope sent to	ourt in this from the	
Telephone number			court.	the cuvelope sent to	you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of a identifies debtor	account or other number by which creditor		eck here us claum	✓ replaces amends a pre	eviously fi	led claim dated 12/7/06
✓ Money Persona	sold s performed				d compen your SS # ion for se	rvices performed
✓ Other - 2. Date debt w		3.	If co	urt judgment, dat	te obtaine	
Unsecured Priori Check this be entitled to priority Amount entitled to Specify the priority of Domestic supp (a)(1)(B) Wages salarie:	ox if you have an unsecured claim all or part of v	which is	Amo secu Up to : or serv § 507(Brief Description Real Estate Value of Collaterate of Arrearage and red claim, if any \$2,225* of deposits inces for personal france) (7) or penalties owed to	of Collate Motor al \$ U d other ch \$ 7574 s toward p amily, or b	r Vehicle Other nknown arges at time case filed included in
business whichever	r is earlier - Ì l Ü.S.C. § 507(a)(4) s to an employee benefit plan - I l U.S.C. § 507(a	*A				VI/07 and every 3 years thereafter or after the date of adjustment
	nt of Claim at Time Case Filed. If claim includes interest or other charges in additional charges.	•	505,5 (unsec ne princi	ured) (secur	red)	505,538 20 (priority) (Total) ach itemized statement of all
6. Credits The making this pro-	e amount of all payments on this claim has been of of claim	credited	and ded	ucted for the purpo	se of	THIS SPACE IS FOR COURT USE ONLY
orders invoices agreements and documents are i	neuments: Attach copies of supporting documents itemized statements of running accounts control evidence of perfection of lien. DO NOT SEN not available, explain. If the documents are voluments are voluments.	acts, court ID ORIGI minous a	judgme NAL D ttach a s	nts, mortgages, sec OCUMENTS. If the ummary	eunty ne	USA CMC
	Copy To receive an acknowledgment of the fi ope and copy of this proof of claim. Sign and print the name and title, if any of file this claim (attach copy of power of atto.	the credito	or or oth	-		FILED JAN 1 ° 31
1/8/07	onto comm (attack copy of power of allo	incy, ii an	J)			FILED JAN 1 2 200

UNITED STATES BANKRUPTCY COURT	DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTCAGE Co.	Case Number 06-10725	
NOTE: This form should not be used to make a claim for an administrative expense materials. A "request" for payment of an administrative expense materials and administrative expense materials.	strative expense arising after the commencement asy be filed pursuant to 11 U.S.C. § 503.	
Name of Creditor (The person or other entity to whom the debtor owes money or property): GEORGE W. HVBBARD AND CAROL N. HUBBARD TRUSTEES OF THE HUBBARD TRUSTEES OF THE HUBBARD TRUST (HJ 7/29/1998)	Evalue varia-	
Name and address where notices should be sent: ROBERT G. LEPOINE 10/20 S. EASTERN # 200 HENDERSON, NV 89052. Telephone number (702) 492-127/	Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.	THE SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor: 6291	Check here ☐ replaces if this claim ☐ amends a previously file	d claim, dated:
1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes NEGUICENCE + FRAUD Other	Retiree benefits as defined in I Wages, salaries, and compensa Last four digits of your SS #: Unpaid compensation for serv from (date)	tion (fill out below)
2. Date debt was incurred: JAN 1, 2005 TO APRIL 12, 2006	3. If court judgment, date obtained	
b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of ventitled to priority. Amount entitled to priority \$	□ Real Estate □ Motor \ Value of Collateral: \$	ges at time case filed included in chase, lease, or rental of property uschold use - 11 U.S.C. Intal units - 11 U.S.C. § 507(a)(8). of 11 U.S.C. § 507(a)().
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(:	a)(5). with respect to cases commenced on a	162,500
 Total Amount of Claim at Time Case Filed: Check this box if claim includes interest or other charges in ad interest or additional charges. 	(unsecured) (secured) (priority) (Total)
 Credits: The amount of all payments on this claim has been making this proof of claim. Supporting Documents: Attach copies of supporting documents, invoices, itemized statements of running accounts, contragreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are volued. Date-Stamped Copy: To receive an acknowledgment of the faddressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of 	ments, such as promissory notes, purchase racts, court judgments, mortgages, security ND ORIGINAL DOCUMENTS. If the iminous, attach a summary. Thing of your claim, enclose a stamped, self-the creditor or other person authorized to	THE SPACE IS FOR COURT USE ONLY
15-07 ROBERT C. LEPOME.	ATTY FOR CLAIMANT	USA CMC

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C.

USA CMC 1072501863

Case 06-10725-gwz. Doc 9551	3 DD	OOF OF CLAIM		
•	PRO	OUP OF CLAIM		IIII IIIII IIIII IIIIIIIIIIIIIIIIIIIII
Name of Debtor	Case Nu	ımber	Schedule/Claim ID	
USA Commercial Mortgage Company	06-107	725-LBR	Amount/Classificat	
	1		265-8	65 20
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exarising after the commencement of the case. A "request" for payment	pense of an	Check box if you are aware that anyone else has filed a proof of claim relating		
administrative expense may be filed pursuant to 11 U S C § 503		to your claim Attach copy of statement giving particulars	scheduled by the D	ted above constitute your claim as ebtor or pursuant to a filed claim If
Name of Creditor and Address 113212400 JAYEM FAMILY LP	002771	Check box if you have never received any notices	other claim against	amounts set forth herein and have no the Debtor you do not need to file CXCEPT as stated below
7 PARADISE VALLEY CT HENDERSON, NV 89052-6706		from the bankruptcy court or BMC Group in this case	If the amounts sho Unliquidated or Di filed	own above are listed as Contingent, sputed, a proof of claim must be
		Check box if this address differs from the address on the envelope sent to you by the court	Bankruptcy Court	ady filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY
Creditor Telephone Number () 70 2 - 385 - 5598 Last four digits of account or other number by which creditor identifies	dobtor			E IS FOR COURT USE ORLY
3138	debtoi	Check here repla	, a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salanes and compensation r digits of your SS #	(fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly) NEGLIGENCE & FRAUD	Unpaid	compensation for services pe	erformed from	to
	lo 15 C	OURT JUDGMENT, DATE (OBTAINED	(date) (date)
2 DATE DEBT WAS INCURRED 1/1/04 - 4/12/06 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ 265,865			our claim is secu	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of you	your claim ur claim is	a right of setoff)		
entitled to pnority		Brief description o	f collateral	
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collatera	\$	
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage a secured claim if any		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits tow services for personal family of	ard purchase lease	or rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	г	Taxes or penalties owed to go		
business whichever is earlier 11 U S C § 507(a)(4)	Ē	Other Specify applicable par		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Amounts are subject to adju with respect to cases comme		
5 TOTAL AMOUNT OF CLAIM \$ 265 K65 5		\$	iced on or alter the t	\$ 265,865 °
AT TIME CASE FILED (unsecured)		(secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to t		•		• •
6 CREDITS The amount of all payments on this claim has been cre				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u> running accounts contracts, court judgments, mortgages, security DOCUMENTS If the documents are not available explain. If the	<i>c<u>uments,</u> s</i> r agreemer	such as promissory notes, puints and evidence of perfection	rchase orders, inv on of lien DO NO	roices, itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				d envelope and copy of this
The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5 00 pi for each person or entity (including individuals, partnerships,	m, prevail	ing Pacific time, on Novem	ber 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO	•			
BMC Group		OOR OVERNIGHT DELIVERY TO oup		1 9 2007
Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911		oup ACM Claims Docketing Cent st Franklin Avenue ndo, CA 90245	FILED JA	Λ Τ Σ COO!
DATE SIGN and print the name and title if any of the	ne creditor o	<u> </u>	2 . **	
this claim (attach copy of power of attor		2		USA CMC
1000	GP	,		1072502296 —
Penalty for presenting fraudulent claim is a fule of up to \$500 000 or imprisonme.	nt for up to s	5 years or both 18 USC §§ 1.	52 AND 3571	

Case	06-10725-gwz - Doc 855:	<u>1-3 En</u>	<u>tered 06/24/11 1</u> 0	6:12:09 Pa e	e 5 of 11
	•	PRO	OOF OF CLAIR	M	
Name of Debtor		Case Nu	ımber		
USA COMMERCIA	L MORTGAGE	06:	10125-LBR		
ansing after the commencement	o make a claim for an administrative ex nt of the case A "request" for paymen		Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Creditor and	offled pursuant to 11 U.S.C. § 503		to your claim Attach copy	of	
Name of Creditor and 7	113212410081	197	statement giving particulars		
1	Y LP JACQUES MASSA GP		Check box if you have never received any notices		
7 PARADISE \ HENDERSON	/ALLEY CT NV 89052-6706		from the bankruptcy court of BMC Group in this case		IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
			Check box if this addre		
			differs from the address on envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
	102-385-5518		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or of	ther number by which creditor identifie	s debtor	of thus slows	eplaces or a previously mends	filed claim dated
1 BASIS FOR CLAIM		Retiree	benefits as defined in 11 l	USC § 1114(a)	Unremitted principal
Goods sold Services performed	☐ Personal injury/wrongful death☐ Taxes		salaries and compensate	on (fill out below)	Other claims against servicer (not for loan balances)
Money loaned	Other (describe briefly)		r digits of your SS # compensation for services	norformed from	A-
		Oripaio	compensation for services	s periorineu iroin	(date) (date)
2 DATE DEBT WAS INCURR			OURT JUDGMENT, DAT		
4 CLASSIFICATION OF CLA See reverse side for important e	M Check the appropriate box or boxes to explanations	nat best descr	•	amount of the claim at t	he time case filed
UNSECURED NONPRIORITY	•		SECURED CLAIM	of vocas along in accoun	rod by colleteral (including
Check this box if a) there is a	no collateral or lien securing your claim or perty securing it, or if c) none or only part of	b) your claim	1 1/241	*	red by collateral (including
entitled to priority			Brief description	•	
UNSECURED PRIORITY CLA	AIM n unsecured claim, all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority	runocourou oldiiri aii or part or millori io		Value of Collate	eral \$ au.	knowy
Amount entitled to priority Specify the priority of the clai	\$ m		Amount of arrearag secured claim, if an	re and other charges ny \$ <u>936,80</u>	at time case filed included in
<u> </u>	under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	L	Up to \$2 225* of deposits services for personal fam		
before filing of the bankrupto	ons (up to \$10 000)* earned within 180 da y petition or cessation of the debtor's	ys [Taxes or penalties owed to	•	• ,,,,
business whichever is earlie			Other Specify applicable	-	- · · · · ·
Contributions to an employee	e benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to a with respect to cases com		nd every 3 years thereafter date of adjustment.
5 TOTAL AMOUNT OF CLAIR AT TIME CASE FILED	M \$\$	936	807.81 \$		\$ 936,807.81
	(unsecured)	•	secured)	(priority)	(Total)
Check this box if claim include	les interest or other charges in addition to	the principal	amount of the claim Attacl	h itemized statement o	of all interest or additional charges
7 SUPPORTING DOCUM	all payments on this claim has been or ENTS <u>Attach copies of supporting do</u> s, court judgments, mortgages, security	cuments, so	uch as promissory notes, ts, and evidence of perfec	purchase orders, involvion of lien DO NO	oices itemized statements of
DOCUMENTS If the docu	ments are not available, explain If the	documents	are voluminous, attach a	a summary	
proof of claim	To receive an acknowledgment of	une miling or y	your ciaim, enclose a stan	npea, seir-addressed	envelope and copy of this
ACCEPTED) so that it is a for each person or entity	leted proof of claim form must be se actually received on or before 5 00 p (including individuals, partnerships	m, prevaili	ng Pacific time, on Nove	mber 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units)			OR OVERNIGHT DELIVERY		
BMC Group Attn USACM Claims Docke	etina Center	BMC Gro			FILED JAN 1 9 2007
P O Box 911 El Segundo, CA 90245-091	-	1330 Eas	st Franklin Avenue		FILED JAN 1 / 2007
	IGN and print the name and title if any of	the creditor of	do CA 90245 r other person authorized to	file	
1-11-11	this claim (attach copy of power of att	omey if any)	D		USA CMC
1-11-00	fley floor	(7.1			1072502298
Penalty for presenting fraudulent of	laim is a fine of up to \$500 000 or imprisonn	nent for up to	5 years or both 18 U S C	§§ 152 AND 3571	

FORM B10 (Official Form	n 10) (10/05)			
UNITED STATES BAN	PROOF OF CLAIM			
Name of Debtor USA Commercial Mortgage Company			ase Number 6-10725—LBR	
NOTE This form should of the case A "request				
debtor owes money or pr	me of Creditor (The person or other entity to whom the otor owes money or property) Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any			
Name and address where c/o Scott D Fleming Eso Hale Lane Peek Dennison 3930 Howard Hughes Pa Las Vegas Nevada 8916	l n and Howard rkway 4th Floor			
Telephone number 702		01-1	1	THIS SPACE IS FOR COURT USE ONLY
	nt or other number by which creditor count ID 308	Check of this		eviously filed claim, dated
1 Basis for Claim Goods sold Services perform Money loaned Personal injury/v Taxes		☐ Wa La Ur	ettree benefits as defined in 11 U S C § ages, salaries and compensations (fill or st four digits of SS # inpaid compensations for services perform inpaid compensations for services perform inpaid (date)	ut below)
2 Date debt was incur	red See Attachment A	3 If	court judgment, date obtained	
		L		
1	 Check the appropriate box or boxes that mportant explanations 	t best de	scribe your claim and state the amount of Secured Claim	of the claim at the time case filed
1	Claim \$_ Unknown (see Attachment A)			
	nere is no collateral or lien securing your claim is value of the property securing it, or if c) no is entitled to priority		Check this box if your claim is set a right of setoff) Brief Description of Collateral	cured by collateral (including
Unsecured Priority Cla			Real Estate Motor Vehic	le Other
Check this box if yo entitled to priority Amount entitled to priori	ou have an unsecured claim, all or part of wh	ich is	Value of Collateral \$ Amount of arrearage and other charge secured claim, if any \$	
Specify the priority of th			Up to \$2 225* of deposits toward	nurchase lease or rental of property
1	bligations under 11 USC § 507(a)(1)(A) or		or services for personal family of § 507(a)(7)	r household use — 11 U S C
1	commissions (up to \$10 000) * earned within	n 180	Taxes or penalties owed to govern	imental units 11 U S C § 507(a)(8)
	bankruptcy petition or cessation of the debto artier — 11 U S C § 507(a)(4)	ΓS	*Amounts are subject to adjustment of with respect to cases commenced on the commenced on the commenced on the commence of the	
Contributions to an	employee benefit plan — 11 USC § 507(a)(5)	· <u>-</u>	
5 Total Amount of Cla	nim at Time Case Filed		\$ Unknown (secured)	(priority) \$ Unknown (Total)
Check this box if clai	m includes interest or other charges in additional charges	on to the	, , , , , , , , , , , , , , , , , , , ,	
	at of all payments on this claim has been cred	lited and	deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
orders invoices item agreements and evid documents are not av 8 Date-Stamped Copy	ctain ents Attach copies of supporting documents nized statements of running accounts contra- lence of perfection of lien DO NOT SEND railable explain If the documents are volun y To receive an acknowledgement of the fil and copy of this proof of claim.	ets court ORIGIN ninous a	a judgments mortgages security IAL DOCUMENTS If the stach a summary	FILED NOV 10 2006
Date	Sign and print the name and title if any o			
file this claim (attach copy of power of attorney if any) November 9 2006 /s/ Scott D Fleming Esq				USA CMC

· Ottal Die lemen. Om 10, (10.00)					
UNITED STATES BANKRUPTCY COURT	Ds	TRICT (OF NEVADA	ppn	OF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE Co.		Number 6-/	0725		
NOTE. This form should not be used to make a claim for an administrative expense material to the case. A request" for payment of an administrative expense material to the case.			-	ot .	
Name of Creditor (The person or other entity to whom the dubtor owes money or property) PHYLLIS KAPER LIVING TRUST atta 8/8/65	cise you givi	has filed r claim. ng partici		•	
Name and address where notices should be sent ROBERT G. LEPOME 10/20 S. EASTERN # 200 HENDERSON, NV 99052	nota case	ces from L ck box if	you have never received a the bankruptcy court in it the address differs from it	15	
Telephone number (702) 492-1271	the	court.	e envelope to you by	THIS SPACE	IS FOR COURT USF ONLY
Last four digits of account or other number by which creditor identifies debtor 7274			replaces amends a previously	filed claim, date	zd
1 Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Taxes ☐ Other NECLICENCE & FRAUD	ECURED 4	□ M	etiree benefits as defined fages, salaries, and comp ast four digits of your SS inpend compensation for om	ensation (fill out # services perform to	below)
2. Date debt was incurred JAN 1, 2005 TO APRIL 12, 2006	3.	If com	rt Judgment, date obtai		
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$ 30,000 Check this box if a) there is no collateral or hen securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	er claum. or	Secur a righ	red Claim Check this box if your clatt of setoft)	im is secured by (
Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Real Estate Motor Vehicle Value of Collateral S Amount of arrearage and other charges at time case filed included the priority of the control					
Amount entitled to priority \$ Specify the priority of the claim. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) of (a)(1)(B)		Up to \$3 or serving 507(a)	2,225* of deposits toward ces for personal, family o)(7)	purchase, lease. household use -	or rental of property
☐ Wages, salaries, or commissions (up to \$10 000),* earned within days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U.S.C. § 507(a)(4) ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)	n 180 or's -*An	Other - :	r penalties owed to govern Specify applicable paragries subject to adjustment or pect to cases commenced	aph of II USC 4/1/07 and ever	§ 507(a)() y 3 years thereafter
5. Total Amount of Claim at Time Case Filed.	2	₹₽,	ed) (secured)	(prionty)	30,000 (Tetal)
Check this box if claim includes interest or other charges in additional charges.				ttach itemized st	atement of all
 Credits. The amount of all payments on this claim has been making this proof of claim. 				THIS SPACE IS	HOR COUNT USI ONLY
7 Supporting Documents. Attach copies of supporting documents orders, invoices, itemized statements of running accounts, contra agreements and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are voluments are voluments are voluments are voluments.	ects, court : D ORIGII minous, att	judg <i>me</i> n VAL DO Pach a sui	ts, mortgages, security CUMENTS If the mmary	LED DE	0 7 2006
8. Date-Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim. Date Sign and proof the name and title if any of the stamp and the stamp an			•		
Sign and print the name and trile, if any, of the file this claim (attach copy of power of attor			•		USA CMC "
NOSERI NOTOTIE, A	ナリアト	W/ 4	-LHIMANT	u ((1)	ia 1818 ar 110 ar a ir

FORM B10 (Official Form 10) (10/05)		
UNI 12D STATES BANKRUPTCY COURT, DISTRICT OF	NEVADA	PROOF OF CLAIM
Name of Debtor	Case Number	
USA COMMERCIAL MORTGAGE COMPANY	06-10725	
NOTE This form should not be used to make a claim for an administrative case \ request for payment of an administrative expense may be filed	ve expense arising after the commencement of the pursuant to 11 U S C Section 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property)	☐ Check box if you are aware that anyone else has filed a proof of claim relating	
ROBERT J AND RUTH ANN KEHL	to your claim Attach copy of statement giving particulars	
Name & address where notices should be sent JANET L CHUBB, ESQ JONES VARGAS	☐ Check box if you have never received any notices from the bankruptcy court in this case	
P O BOX 281 RENC, NV 89504-0281 Telephone number 775-786-5000	Check box if the address differs from the address on the envelope sent to you by the court	This Space for Court Use Only
Last four digits of account or other number by which creditor identifies debtor 500953 5	Check here replaces If this claim amends a previously filed	claim, dated
1 BASIS FOR CLAIM	Retiree benefits as defined in 111	USC § 1114(a)
☐ Goods sold	□ Wages, salaries, and compensation	
□ Services performed	Last four digits of your SS #	
☐ Money loaned	Unpaid compensation for service	s performed from
□ Personal mjury/wrongful death	from to	
☐ Faxes ■ Other DEBTOR'S BREACHES (see adversary complant)	from toto	(date)
2 Date debt was incurred	3 If court judgment, date obtained	1 41-1-4
2003-2005	o ii court jaugident, date obtainou	
4 Classification of Claim. Check the appropriate box or boxes filed See reverse side for important explanations	that best describe your claim and state the arr	nount of the claim at the time case
Unsecured Nonpriority Claim \$12,841.580 13 + accrued integrated in the postpetition payments received the secured in the	d Check this box if your cla	
☐ Check this box if a) there is no collateral or hen securing yo b) your claim exceeds the value of the property securing it, or if o only part of your claim is entitled to priority	d) none or Brief description of colle	ateral or Vehicle D Other
Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of entitled to priority	Amount of arrearage and other	er charges at time case filed
Amount entitled to priority \$		
Specify he priority of the claim	Up to \$2 225* of deposits toward property or services for personal,	purchase, lease or rental of family or household use - 11
☐ Domestic support obligations un 11 USC § 507(a)(1)(A) or (a)(1)(B	USC § 507(a)(7) Taxes or penalties owed to govern	
☐ Wages, salaries, or commissions (up to \$10,000),* earned wit 180 days before filing of the bankruptcy petition, or cessation of debtor's business whichever is earlier- 11 U S C § 507(a)(4)	thin 507(a)(8)	
☐ Contributions to an employee benefit plan - 11 U S C § 507((a)(4) *Amounts are subject to adjustment on 4/ with respect to cases commenced on	
	341,680 <u>13</u> +/- \$\$	s (Total)
☐ Check this box if claim includes interest or other charges in a interest or additional charges	addition to the principal amount of the claim	Attach itemized statement of all
6 Credits The amount of all payments on this claim has been c	credited and deducted for the purpose of maki	- I
this proo of claim. SEE ABOVE 7 Supporting documents Attach copies of supporting documents.	nte such as promissory notes nurchase ordess	ILED DEC 0 9 2006
invoices itemized statements of running accounts, contracts, cou	irt judgments, mortgages, security agreements.	
and evidence of perfection of hen DO NOTSEND ORIGINAL	DOCUMENTS If the documents are not	USA CMC
available, explain If the documents are voluminous, attach a sur		ALE ALL ALL ALL ALL ALL ALL ALL ALL ALL
8 Date-Stamped copy To receive an acknowledgment of the fi addressed envelope and a copy of this proof of claim.	mug or your claim, enclose a stamped, self-	1072501660
Date Sign and print the name and title, if any, of the	creditor or other person authorized to file this	
vlaim (attach copy of power of attorney, if any)	•	
12/9/06 JANET L CH	IUBB, ESQ ATTORNEY FOR CLAIMAN	\mathbf{T}

	lal Form 10) (10/05)				(Protective)
UNITED STATES	BANKRUPICY COURT	Dis	TRICT OF	Nevada	PROOF OF CLAIM
Name of Debtor U	SA Commercial Mortgage Co	Case	Number (06-10725-LBR	PROOF OF GEARW
NOTH This form single of the cust. A "regular cust. A "regular cust. A "regular cust."	7				
Name of Creditor (7 dubtor owus money	The person or other entity to whom the or property)	else	has filed a pro-	are aware that anyone of of claim relating to a copy of statement	
]	Norman Kıven	givi	ng particulars	• •	
Andrew J Abrams, Es	where notices should he sent sq , Sugar, Friedberg & Felsonthal LLP 3000, Chicago, IL 60602	noti case	ces from the bi ck box if the at	nave never received any ankruptcy court in this ddress differs from the	
Telephone number	312-704-9400		ress on the envi Court	elope sent to you by	THIS SINCE IN 17th COURT USE ONLY
Last four digits of a identifies debtor	ecount or other number by which creditor		ck here □re ts claim □ a		led claim, dated
✓ Money☐ Persona☐ Taxes	sold s performed loaned(See Rider) H injury/wrongful death		☐ Wages Last fo Unpaid	benefits as defined in salaries, and compens our digits of your SS # d compensation for ser (date)	sation (fill out below)
Other -		3	If court in	dgment, date obtaine	
2 Date debt w	as incurred 2004 - 2006		n court jui	ogment, date obtaine	
See reverse side Unsecured Nonp Check this be b) your claim exceeding part of your of Unsecured Priori Check this be entitled to priority Amount entitled to Specify the priority of Domestic supp (a)(1)(B) Wages, salaried days before filing of business whicheve Contributions Total Amount	ox if you have an unsecured claim, all or part of priority \$ The claim port obligations under 11 USC \$ 507(a)(1)(A) s, or commissions (up to \$10,000),* earned with of the bankruptcy petition or cessation of the debrics earlier - 11 USC \$ 507(a)(4) s to an employee benefit plan - 11 USC \$ 507(a)(b) and of Claim at Time Case Filed	which is or in 180 or stor's *A;	Secured (Check a right of s Brief Rivalue Amount of secured cla Up to \$2 225 or services fo \$ 507(a)(7) Taxes or pens Other - Specimounts are sub with respect to	Claim (Protective k this box if your claim etoff) Description of Collater etoff Motor of Collateral SUr arrearage and other chaim, if any \$ * of deposits toward pror personal, family, or halties owed to governmiffy applicable paragraphic to cases commenced on 1.040.000(±) (Secured)	/See Rider) Is secured by collateral (including ral vehicle Other————————————————————————————————————
interest or add:			e principal am	nount of the claim Atta	ich itemized statement of all
6 Credits The making this pro	ne amount of all payments on this claim has bee of of claim	n credited i	ind deducted f	for the purpose of	THIS SINCE IS FOR COURT USE ONLY
7 Supporting D orders, invoices agreements and documents are 8 Date-Stamped	Documents Attach copies of supporting documents, itemized statements of running accounts, contidevidence of perfection of lien DO NOT SE, not available, explain If the documents are vold Copy. To receive an acknowledgment of the lope and copy of this proof of claims.	racts, court ND ORIGI uminous, a	judgments, m NAL DOCUM tach a summa	origages, security MENTS If the ry See Rider	LED NOV 10 2000
Date	Signand print the name and title, if any, of file this claim (attach copy of power of att	orney, if an	y)		1072501297
11/mala	1 // / / /	Marc Ki	zen. As Att	torney in Fact	

Tomas Come Business Come			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
UNITED STATES BANKRUPTCY COURT	Dis	TRICT OF	Nevada	PROOF OF CLAIM			
Name of Debtor USA Commercial Mortgage Co	Case	Number 00	5-10725-LBR				
NOTE. This form should not be used to make a claim for an administrative expense maintained in A "request" for payment of an administrative expense maintained in the control of the contr	strative exp ly be filed	ense ansing afte pursuant to !! C	er the commencement J.S.C. § 503				
Name of Creditor (The person or other entity to whom the dubtor owes money or property)	else	has filed a proo	e aware that anyone f of claim relating to copy of statement				
Norman Kıven	giv	ng particulars	ive never received an				
Name and address where notices should he sent Andrew J Abrams Esq., Sugar, Friedberg & Felsenthal LLP	noti	es from the ba	nkruptcy court in this				
30 N LaSalic St., Stc. 3000, Chicago, IL 60602		ck box if the add	iress differs from the				
Telephone number 312-704-9400	the	court	lope sent to you by	THIS SPACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor identifies debtor		ck here □rep is claim □ am		iled clarm dated			
1. Basis for Claim				1 U S C §			
☐ Goods sold ☐ Services performed		Last fou	r digits of your SS #	sation (fill out below)			
☐ Money loaned ☐ Personal injury/wrongful death		•	compensation for se				
☐ Taxes G		from	(date)	_to(date)			
2. Date debt was incurred 2006	3	If court judg	gment, date obtain	ed			
4 Classification of Claim. Check the appropriate box or boxes th				at at the plane of the two was filed			
See reverse side for important explanations	iat dest des	erioe your ciain i Secured Cl		nt of the claim at the time case frico			
Unsecured Nonpriority Claim 5		C) Charle		is secured by collateral (including			
Check this box it a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	r claim, or none or	a right of se	toff) Description of Collate				
Unsecured Priority Claim				r Vehicle Other			
M Check this box if you have an unsecured claim all or part of v	vhich is	Value (of Collateral \$				
entilled to priority Amount entitled to priority \$48,248 00(+)			rrearage and other ch	arges <u>at time case filed</u> included in			
Specify the priority of the claim		Un to \$2,225*	of denosits toward n	urchase, lease, or rental of property			
Domestic support obligations under 11 USC § 507(a)(1)(A) (a)(1)(B)	_	or services for § 507(a)(7)	personal family, or l	nousehold use - 11 USC			
☐ Wages, salanes, or commissions (up to \$10,000),* earned with:	п 180 —			nental units - 11 U S C § 507(a)(8)			
days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U S C § 507(a)(4)	or's ex	-		th of 11 USC. § 507(a)(2) *			
☐ Contributions to an employee benefit plan - II U S C. § 507(a		with respect to	cases commenced or	i/1/07 and every 3 years thereafter or after the date of adjustment			
5 Total Amount of Claim at Time Case Filed.		48,248(+)		48,248(+) 48,248(+)			
 Check this box if claim includes interest or other charges in add interest or additional charges. 	itton to th	(unsecuted) e principal amo	(secured) ant of the claim. Att	(priority) (Total) ach itemized statement of all			
6 Credits The amount of all payments on this claim has been	credited a	nd deducted fo	r the purpose of	THIS SPACE IS FOR COLIKE USE ONLY			
	making this proof of claim 7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase						
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts contracts, court judgments, mortgages, security FILED NOV 1 5 2006 agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the							
agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. See Rider							
8 Date-Stumped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-							
addressed envelope and copy of this proof of claim							
Date Sign and print the name and title, if any, of the file this claim (attach copy of power of attor	USA CMC						
		en, As Atto an Kiven	orney in Fact	1072501478			

Clase Number Code Number		Case 06-10725-0WZ		<u>erea ub/24/11_16</u>	12.09 Pag	╚╼╁┸╌╬╌╌╌╌
NOTE See Reverse for Last of Debtors and Case Number 9 This form should not be used to make a claim for an administrative spanner of an agriculture of the continuous process of the state of the continuous process of the contin	2.24	UNITED STATES BANKRUPTCY COURT	PRO	OF OF CLAIM	3.33	
NOTE See Reverse for list of Debtors and Case Numbers 'I're from should not be used to make a dam for an administrative expense arrang after the commencement of an administrative expense arrang after the commencement of an administrative property of the commencement of the property of the commencement of the property of the commencement of the commencement of the property of the commencement of the property of the commencement of the commence		ante of Debies	Case Nun	nber		
This born should not be used to make a claim for an administrative expense analysis of the commonwherment of the case A Proquest to prepare of administrative expense may be filed pursuant to 11 U.S.C. § 500. Name of Creditor and Address. LAMPRIX E HENANA & LORRANE K TENANA REVOCAGE TRUST SUBJECT TRUST SUBJECT SUBJE		154 Comercial Mortgage Company	06-	10725-LBR		
Check box of you have recommended by the terms of the box of you have recommended by the box of t	Th an	his form should not be used to make a claim for an administrative expension after the commencement of the case A "request" for payment o	of an	aware that anyone else has filed a proof of claim relating		
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HENDERSON NV 80012-4543 Title Last from the address on the surfaces and the surfaces		LAWRENCE H TENGAN & LORRAINE K TENGAN REVOCABLE TRUST C/O LAWRENCE H TENGAN & LORRAINE K TENGAN	ľ	never received any notices from the bankruptcy court or ByC Group in this case	SECURED INTER	EST IN A BORROWER THAT IS NOT
Clear This SPACE is FOR COURT USE ONLY						
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BASIS FOR CLAIM			iebtor	o	l	
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